

<p>R4S</p> <p>Assessment of the Scale, Reach, Quality, and Cost of Service Delivery High Impact Practices in Family Planning</p> <p>Informed Consent Form Readiness Assessments</p>

Data Collector’s Name: _____ Date: _____
 Time of survey: _____ Site/Facility: _____

Purpose of Research

This survey is part of a research study to assess the scale, reach, quality, and cost of service delivery high impact practices in family planning. Sometimes these high impact practices are called HIPs. The goal of this research study is to apply an approach to measure the scale, reach, quality, and cost of HIPs, which will help countries improve their family planning programs. We hope this will help more women and their families access the family planning services they want and need.

Your Involvement

You have been selected to take part in this interview because you implement one of these high impact practices, and we can learn from your experience. If you decide to take part in this survey, I will ask you questions for about 90 minutes. We will conduct the survey in a quiet and private place. I will ask you questions about a number of topics. Most questions I will ask are about the organization you work for and the work that you each day. For example, we will talk about the types of family planning services that you offer to women and their families. We will also talk about any supplies or equipment you use to offer these services. We will also talk about any training you have taken part in and supervision you get to offer these services. As I ask you these questions, I will write your answers on a tablet. I will also make some notes about your surroundings and daily tasks as we take the survey. I will share your answers and my notes with my study team.

You can choose to participate or not to participate in this survey. Your choice to participate, or not, will not affect your job in any way. We will not share your answers with your direct supervisors.

Confidentiality

The research team will keep what you say in this survey private to the best of our ability. Only members of our study team will be able to see your responses to this survey and the notes that I have taken. Your name or personal information will be saved apart from your answers. Your name will not be used in any reports or publication about this research. Any information we collect which clearly identifies you (for example, your name) will be kept confidential to the best of our ability. This information will only be



These committees reviewed and approved this research.

Do you have any questions?

Please know you can have a copy of this form, if you want one.

Verification of Consent

I would like to remind you that participating in this survey is voluntary. You can decide not to participate. You can also stop taking part in this survey at any point without penalty.

Do you agree to take part in this activity? Yes No

Participant name

Participant signature or e-signature

STUDY STAFF: You need to sign below before this person can continue with the survey. Your signature confirms that this consent form has been read by or to the participant. It confirms that you answered all the questions that the participant had about this study component. It also confirms that the individual has agreed to take part in the survey and the selected agreements (Yes/No) are correct.

Name of Study Staff

Signature of Study Staff

Date

